

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 035 ***150.00

DOCUMENT # 600835 1. Entity Name CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.					
Principal Place of Business 1745 NORTH MILLS AVE SUITE 100 ORLANDO, FL 32803			Mailing Address PO BOX 533101 ORLANDO, FL 32853-3101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1232309	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAUSSIG, ANDREW S MD 1745 NORTH MILLS AVE SUITE 100 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAUSSIG, ANDREW S DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STORY, WILLIAM E DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POLLAK, SCOTT J DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITWORTH, HALL B JR, DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, RALPH A DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 4/22/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.
DOCUMENT # 600835
2008 UNIFORM BUSINESS REPORT (UBR)
BLOCK 10

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
DIR/ VICE PRES	DR. J. CRAIG BARNETT	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. ANIL KUMAR	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. BRUCE STEIN	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. JUAN C. ZARATE	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. BRIAN DUBLIN	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. NADARAJAH SRIKUMAR	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. MICHAEL NOCERO	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803

ATTACHMENT

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